

**CENTER FOR ATTACHMENT & TRAUMA SERVICES, INC.**  
**9312 OLD KEENE MILL ROAD, #100, BURKE, VA 22015**  
**7430 HERITAGE VILLAGE PLAZA, SUITE 202, GAINESVILLE, VA 20155**  
**703-913-8563 PHONE 571-781-4389 INTERNET FAX**  
**RATE SHEET -- EFFECTIVE JULY 1, 2022 through June 30, 2023**  
**ENGLISH LANGUAGE ONLY, NO INSURANCE ACCEPTED**

SERVICE	PROVIDED BY	HOURLY RATE (\$)
Outpatient Services (In Office)*	LCSW, LMFT, LPC (Master's level)	150.00
	PhD, PsyD (Doctoral level)	<b>160.00</b>
Outpatient Services (In Home or at Visitation Site)	LCSW, LMFT, LPC (Master's level)	225.00
	PhD, PsyD (Doctoral level)	<b>250.00</b>
Family Support Services (In Office)*	LCSW, LMFT, LPC (Master's level)	150.00
	PhD, PsyD (Doctoral level)	<b>160.00</b>
Family Support Services (In Home or at Visitation Site)*	LCSW, LMFT, LPC (Master's level)	225.00
	PhD, PsyD (Doctoral level)	<b>250.00</b>
Group Therapy	LCSW, LMFT, LPC, PhD, PsyD	70.00/group member
Attachment Assessment/Evaluation (one child, one or both caregivers in same household)	LCSW, LMFT, LPC, PhD, PsyD	2000.00/evaluation
Attachment Assessment/Evaluation (each additional child in same family or additional caregiver)	LCSW, LMFT, LPC, PhD, PsyD	1000.00/evaluation
Parental Capacity Evaluation	LCSW, LMFT, LPC, PhD, PsyD	1800.00/evaluation
Trauma Assessment	LCSW, LMFT, LPC, PhD, PsyD	1800.00/evaluation
Court Appearances, including Deposition testimony (in response to subpoena, whether called to testify or released less than 24 hours prior to testimony)	LCSW, LMFT, LPC, PhD, PsyD	250.00/hr. 30 minutes prior to time shown on subpoena ( <b>NOTE: \$750.00 minimum fee</b> for subpoenaed appearance whether called to testify or released <24 hours prior to testimony)
Court Preparation (in office or telephone conferences with attorneys or related professionals in preparation for court appearance)	LCSW, LMFT, LPC (Master's level)	150.00
	PhD, PsyD (Doctoral level)	160.00
Off-site meetings or conferences (as requested by county personnel, including FAPT and FPM meetings)	LCSW, LMFT, LPC (Master's level)	225.00
	PhD, PsyD (Doctoral level)	250.00
In-office meetings or conferences (i.e., participating by phone or videoconference as requested by county personnel, including FAPT and FPM meetings)	LCSW, LMFT, LPC (Master's level)	150.00
	PhD, PsyD (Doctoral level)	160.00

SSP (In Home)***	LCSW, LMFT,LPC (Master's level) PhD, PsyD (Doctoral level)	225.00 250.00
SSP Equipment Rental fee (per diem)***	N/A	50.00/day NOTE: A fee of \$50/day will be charged for late returns; \$1500 will be charged for damaged or unreturned equipment)
Neurofeedback (per 1-hour session) (Currently available in Springfield office only)	LCSW, LMFT,LPC (Master's level) PhD, PsyD (Doctoral level)	150.00
Neurofeedback QEEG Test (Brainmapping, required pre- and post- treatment)	LCSW, LMFT,LPC (Master's level) PhD, PsyD (Doctoral level)	\$500

\*Included in Outpatient Services and Family Support Services as determined clinically applicable:

- Various family therapy modalities, including Structural Family Therapy, Family Systems Therapy, Multi-modal Family Therapy, etc.
- Parenting Guidance & Education
- Attachment-Focused Family Therapy Modalities
- Therapeutic Supervision of Visitation
- Consultation with Other Professionals
- Couples Therapy for Parents
- Sand Tray Therapy
- Eye Movement Desensitization & Reprocessing (EMDR)
- Emotional Freedom Technique (EFT)
- Brainspotting
- Theraplay (play therapy)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Therapy (CBT)
- Dyadic Developmental Psychotherapy (DDP)

\*\*This line item will be charged for the time required to review files, compile and photocopy documentation requested by subpoena.

\*\*\*The Safe & Sound Protocol involves a five-day commitment by the caregiver to make the child/adolescent available for one hour, on five consecutive days, to complete the protocol. Equipment may be used in-office with the protocol being delivered by clinical staff and charged at the hourly rate; or it may be rented and taken home to be administered by the caregiver at the clinician's discretion. The daily rental fee is \$50. Clients will be responsible for returning the equipment via mail in a SASE provided or in person by the date indicated on the Rental Agreement Form. A charge of \$50 will be incurred for each day the device is returned beyond the return date. A charge of \$1500 will be incurred for all damaged equipment or equipment that is not returned in a timely manner).